Page County
Virginia
Health Needs Assessment
Part 3
Key Community Listener Interviews
June, 2002

Compiled and Printed by
Blue Ridge Area Health Education Center
James Madison University
Page County, Virginia

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Blue Ridge Area Health Education Center
James Madison University
MSC 4001
Harrisonburg, VA 22807
(540) 568-3011

David E. Cockley Dr.PH
Principal Investigator
ACKNOWLEDGEMENTS

The author wishes to thank Emily Akerson for extensive assistance in setting up and facilitating the focus group interviews. Ann Hershberger, nursing faculty at Eastern Mennonite University also assisted with one of the scheduled focus groups. In addition, acknowledgement and thanks are due to all the participants in the focus groups who participated in this study. They freely contributed time, patience, and willingness to share their ideas and opinions about the health care needs in Page County.
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Executive Summary

Page County is a rural area in northwestern Virginia within the Shenandoah Valley. The county consists of 311 square miles set between the Blue Ridge Mountain on the east and the Massanutten Mountain on the west. Page County had a 2000 census population of 23,177. It has an older age cohort demographic than the state as a whole. The population density in Page County is 74.5 people per square mile.

Eight focus groups of Page County key community listeners were interviewed between March and October 2001. Each group consisted of employees of health and social service agencies or consumers of health services in Page County. All groups were asked for the perceived unmet health care needs of Page County residents. The health care needs of Page County children, adolescents, elders, and adult women were also assessed.

Two-thirds of the focus groups labeled Page County as a healthy place to live and work. Two-thirds of the groups also labeled Page County as an unhealthy place to live and work. The seeming discrepancy in this question’s responses was based on differential definitions of “healthy” and division between personal resident status and employed professional status.

Overall, the focus group participants believed that increased availability of certain health care services, improved insurance access to services, and the modification of unhealthy lifestyles among residents in Page County were the primary unmet health care needs. Each sub-group assessed affirmed these broad themes and delineated specific services and health behaviors that most needed modification.

The results of these focus group assessments are part of a multi-level evaluation of the health care resources and needs of the residents of this rural community. The assessment raises service issues that will allow health and social service agencies to expand or modify their service delivery objectives to better meet the health care needs of Page County residents.
Introduction:

Page County is a rural community in northwestern Virginia within the Shenandoah Valley. The county consists of 311 square miles set between the Blue Ridge Mountain on the east and the Massanutten Mountain on the west. The South Fork of the Shenandoah River flows northward through the county. The George Washington National Forest and Shenandoah National Park surround the entire length of Page County and together constitute 43 percent of the county’s land area. The county has three towns with greater than 1000 population, including Luray, the county seat, Stanley and Shenandoah.

Page County had a 2000 census population of 23,177 (U.S. Census Bureau, 2000). This was a 6.9 % increase since the 1990 census, which was lower than the rate of growth for Virginia. The population density in Page County is 74.5 people per square mile compared to 178.8 people per square mile across Virginia.

Page County economic data demonstrate a lower socioeconomic status than the Commonwealth of Virginia. The per capita personal income for Page County residents was $20,315 in 2000 (Bureau of Economic Analysis, 2002). This compares to $31,120 for the Commonwealth of Virginia. Page County’s per capita income was only 65 percent of the state per capita income level. Fifteen percent of the county’s population is below 100% of the federal poverty guidelines. 37.7 percent is below 200% of the federal poverty level (Center for Primary Care and Rural Health, 2000). A greater percent of Page County’s population is in these low economic categories than Virginia citizens as a whole. Virginia has only 10.5 percent of its total population below 100% of poverty, and 27.1 percent below 200% of poverty. 8.4 percent of the Page County population is enrolled in Medicaid.

The Health Place, a community health outreach program in Stanley sponsored by the Blue Ridge Area Health Education Center, wished to undertake a comprehensive health needs assessment of Page County in order to modify and expand its programs. The Needs Assessment is composed of four parts: Part 1: Health Resource Inventory (Cockley, 2001a); Part 2: Health Status Assessment (Cockley, 2001b); Part 3: Key Community Listeners Interviews; and Part 4: Community Resident Survey. The current volume includes results from the third part, which constituted focus group interviews with key community listeners in Page County.
Data Methodology:

Focus groups were held with Page County agency representatives involved in providing health and human services in Page County. Focus Groups were completed between March and October 2001. A list of the groups assessed appears in Appendix A. Because of scheduling conflicts, not all personnel from each agency participated in the focus groups. Representative participants were sought including administrators, “front-line staff” and clinicians. However each focus group included sample participants of equivalent employment level.

Each focus group was begun with an introduction of the four-part Page County Health Needs Assessment and the place of the key informant interviews in the comprehensive assessment. Anonymity and confidentiality were assured to the participants before commencement of the interviews.

Each focus group followed a set survey questionnaire (Appendix B) with follow-up questions to elicit in-depth responses from focus group participants. Two facilitators conducted each focus group except for the Page Memorial Hospital Medical Staff where only one facilitator was present. Perceived health care needs for Page County as a whole and for four sub-populations were elicited. The sub-populations included children, adolescents, elders, and adult women in Page County. These groups were chosen for targeted focus due to their frequent risk for sub-standard care in health service delivery.

As focus group comments frequently spanned these populations, the concerns were categorized for the most relevant subpopulation. Thus if while discussing health care needs of adult women in Page County, a participant emphasized concerns about the high teen pregnancy rate, this would be listed under Health Care Needs of Adolescents. Health care needs that were raised repeatedly across sub-populations were categorized among the general Page County resident health care needs.

Facilitators independently listed participant responses, comments, and non-verbal cues. The two independent summaries were then categorized, cross-referenced and assimilated for common themes. Health care needs identified by half or more of the focus groups were classified as Primary Health Care Needs for the given sub-population. Those needs noted by two or three focus groups were classified as Secondary Health Care Needs.
Results
Focus Group stakeholders provided extensive opinions on the current health care system in Page County and the gaps observed in some or most sub-populations. It should be emphasized that the focus groups were organized to hear from Page County key community listeners – people who were in positions or organizations to observe and be cognizant of the health and human services system in Page County. As such, the focus group participants were employees of health and social service agencies or persons who worked closely with the health and social service system in the county. Not surprisingly, participants held strong opinions on both the strengths and gaps in services for county residents. This Results Section is formatted in parallel to the sections queried in the Focus Group Questionnaire.

Is Page County a healthy place to live and work?

Strongly divergent responses were received from focus group participants to this initial question. Two-thirds of the focus groups defined Page County as a very healthy place to live and two-thirds noted it as an unhealthy place to live. Many of the focus groups responded in both fashions.

These divergent positions between and within focus groups reflect differences in definitions of “healthy” as well as differences in personal perspective and participants’ interaction with the Page County sub-populations. Respondents viewed “healthy” in terms of living comfortably in Page County. Many agency employees were closely engaged with specific treatment or programs for Page County residents with acute needs. Their view of the “health” of the general population may have been colored by engagement with these especially needy clients and patients.

What constitutes “healthy” ranged from reported environmental factors, to population health status rates, to perceptions of wellness and well-being. As might be expected, the representatives of health and human service agencies were closely tied to specific services and initiatives dealing with specific health and wellness issues. Thus the specific participant responses were influenced by their employment or agency emphases.

The top reasons given for Page County being a healthy place to live were its clean environment, being a safe place to raise a family, and being a place with a less stressful lifestyle. Page County was perceived by two-thirds of the focus groups as a place with
clean water and air. A rural community surrounded by the George Washington National Forest and the Shenandoah National Park, Page County is a destination for both residents and tourists seeking life in the “great outdoors”. Participants who had relocated to Page County often cited its clean environment as one of the big attractions of the county. There are no “smokestack industries,” mining or chemical factories to mar the landscape. “It’s a great place if you like the outdoors,” commented one participant.

The county was also noted to be a location that exhibited strong support for raising a family. Crime rates are low and the relatively small rural population highlights interpersonal relationships, which are considered to be diminished in larger urban centers. A quotation from one participant summarized a repeated response to this question. “I moved away for education and employment after high school but came back to raise my family in a safe place with less stress.”

Conversely, the top reasons given for Page County being an unhealthy place to live also included environmental and behavior factors. Focus group participants perceived increased pollution from the poultry industry, decreasing air quality, and widespread unhealthy resident lifestyles as making Page County a less healthy place to live.

The poultry industry is the one industry that has expanded in Page County over the past decade including both farm-based production plants and a poultry processing facility in Alma (this plant closed in May 2002). Respondents noted negative environmental impacts of these poultry operations – increased noxious odors and resultant increases in insect infestations. Localized accumulations of poultry manure were also perceived as a further environmental concern.

The Skyline Drive, running on the eastern edge of Page County, is a popular regional tourist attraction. Regional and national presses have highlighted the decreasing air quality in the area that tarnishes the views from the Shenandoah National Park. This decreasing air quality was noted by several of the focus groups as a sign of Page County being an unhealthy place to live. Blame for the decreasing air quality was directed at out-of-county and out-of-state polluters. Noted one life-long resident, “The air just gets stuck in this valley and the pollutants build up.”

Also noted by the key community listeners was the propensity of unhealthy lifestyle behaviors among area residents. These unhealthy lifestyles were perceived to characterize Page County as a less than healthy place to live. Comments focused on
lifestyle choices of area residents such as obesity, unhealthy eating habits, alcoholism, and domestic abuse. However the lack of adequate support structures (healthy eating institutions, alcohol support groups, health education programs, fitness centers) was also implied. This latter issue related to expanded comments further in the questionnaire.

What would make Page County a healthier place?

Based on the divergence of responses above, there was a similar variance to this query. In general the stakeholders interviewed believed that changing the structures internal and external to Page County, and modifying the behaviors and attitudes of Page County residents were the two means to make the county a healthier place to live.

Most focus groups identified increasing or diversifying existing health and human services as a way to make Page County a healthier site to live. The specific types of services that should be increased varied across groups but greater mental health services, dental care for low-income residents, and exercise and fitness activities were often noted as useful or necessary.

The availability of health care services was framed as having greatly improved in the recent past. Several focus group participants referred to the fact that “Page County was medically underserved, but is not now”. However the increasing expense of health care services continues to block access for many individuals. This was linked to both the modest economic standards in Page County and limited health insurance status of many residents. Access to health care services has been strongly correlated with health insurance status. The focus group respondents affirmed this viewpoint. They believed that Page County residents without insurance or with low socio-economic status had difficulty accessing health care services when they were needed. Some health care providers also noted that the low reimbursement received from the insurance companies or from Page County residents depressed the incentives for greater service provision.

Also noted as a requirement for Page County becoming “a healthier place to live” were changes to structures external to Page County. These included greater regulation of out-of-state power plants to improve air quality, greater Environmental Protection Agency regulation of the poultry industry, and better insurance reimbursement to community health care providers to improve health care access for beneficiaries.
The other major category listed by the focus groups was to modify the behaviors and attitudes of Page County residents concerning health and healthy lifestyles. These comments included modifying local structures like facilitating restaurants to offer healthier menu choices, or increasing fitness and wellness activities. These concerns were coupled with frustration at “traditional attitudes” about lifestyle and health that inhibited residents modifying behaviors or structures. Residents were believed to avoid change in lifestyle even when the present behaviors were negative.

**What are the health care needs of residents of Page County?**

The Primary Health Care Needs identified by the focus group participants included increased community mental health services, access to dental services for low-income residents, an improved transportation system, and changing unhealthy lifestyle habits of residents (Table 1). These concerns were noted by almost all of the focus groups although some groups only identified these needs for a specific sub-population.

### Table 1: Perceived Health Care Needs of Page County Residents

<table>
<thead>
<tr>
<th>Primary Health Care Needs</th>
<th>Secondary Health Care Needs</th>
</tr>
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<tbody>
<tr>
<td>Mental Health Services</td>
<td>Access to Health Services for Low-Income Residents</td>
</tr>
<tr>
<td>Dental Services for Low-Income Residents</td>
<td>Safety Education</td>
</tr>
<tr>
<td>Transportation</td>
<td>High Disease Mortality Rates</td>
</tr>
<tr>
<td>Changing Unhealthy Lifestyles</td>
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</tbody>
</table>

Mental health services were believed to be insufficient in Page County except for certain community-based services and crisis management through the Page Memorial Hospital Emergency Department. The Northwestern Virginia Community Services Board provides community-based behavioral health services in Luray. Its local service provision includes some in-home therapy services, substance abuse treatment and intensive outpatient therapy services to the chronically mentally ill, substance abusers, and developmentally disabled persons. There are no day treatment services provided within the county and curtailment of state funding has further cut the local community mental health programs. This was a common concern of both health and social service agency employees and consumers of health services. Even the hospital medical staff noted, “too many mental
health services are being managed on a crisis-basis through the Emergency Room”. This was viewed as impractical and a major gap in services. Persons needing specialized behavioral health services necessitated referral out-of-county. This creates further transportation and access difficulties.

The county was believed by focus group participants to have an “adequate” number of practicing dentists. However Page County’s dentist / population rate is only a third of the similar rate for the state as a whole. The five dentists currently practicing in Page County refers to a rate of 2.16 active dentists / 10,000 population. This compares to a rate of 6.50 active dentists / 10,000 population for the Commonwealth of Virginia. Most of the focus groups noted that access to dental services for low-income residents was a major need in the county. The low reimbursement from Virginia Medicaid to dental providers has caused all dentists within Page County to refuse new Medicaid patients in their practices. In addition, Virginia Medicaid only reimburses for dental services for eligible-children, so adults and elders with Medicaid cannot have their oral health needs reimbursed even with dentists practicing outside of Page County. Added to this is the large number of Page County residents who are of modest income and are either uninsured or do not have dental insurance. This creates significant populations who are uninsured for dental care and therefore must pay for services out-of-pocket.

As a rural county, transportation was a frequently repeated concern linked to residents’ access to health and social services. “Having clients miss scheduled appointments is a big problem here. If daddy has the only car, the mother can’t get the kids to services,” as expressed by one participant, was a common worry. This transportation issue was believed to directly restrict many residents from accessing services in a timely manner or getting needed services. There is no countywide transportation system and even within Luray, the largest community in the county, there is no public transportation system and only one private taxi. This curtails residents accessing services and reduces compliance with medical care, follow-ups and procurement of support services. As with many health and social services, these community stakeholders believed that transportation access was a larger problem for low-income, elderly, and rural residents in Page County.

Concerns were also raised of general unhealthy lifestyles among Page County residents, especially issues of obesity and unhealthy eating habits. This concern, added to the social service concentration of many of the focus group participants, highlighted
the need to modify lifestyles as an important health concern for the community as a whole.

Secondary health care needs were categories identified by two or three of the focus groups. For Page County residents overall, these needs included general access issues for low-income populations, safety education, and a concern for perceived high disease mortality rates (Table 1).

Two focus groups of mainly health care providers commented on the “inappropriate utilization” of the existing health care system by many county residents. “Patients do not follow-up as requested, or are noncompliant with medical directives,” related one health care provider with strong affirmation by others in the group. This inappropriate utilization is tied to other access issues like insurance status, transportation, or individual dissatisfaction with the health care providers. Also noted here was the concern of an over-utilization of the hospital emergency room for non-emergent issues. As portrayed by the focus group respondents, these individuals were mainly uninsured residents who had few other options or they were using the emergency room when their primary provider was unavailable.

Three focus groups also identified health needs related to public safety issues. Community Listeners noted excessive motor vehicle and farming accidents as the cause of their concerns. The need was perceived for more safety education initiatives to increase awareness and compliance with proven public safety behaviors. These included reducing preventable accidents or injuries due to seatbelt non-use, farm equipment safety, motorbike and All-Terrain Vehicle safety, and automobile driving safety.

There was also a concern for the perceived high mortality rates in Page County residents. This was noted by multiple respondents specifically on the rates of mortality for cardio-vascular (heart) disease, cancer and diabetes. While these health conditions are among the top causes of death in Page County, the age-adjusted rates for Page County residents are actually comparable to or below both regional and state rates (Table 2). The age-adjusted total mortality rate for Page County between 1995 and 1999 was 95% of the total mortality rate for Virginia. Heart Disease is the top cause a death in Page County, the state of Virginia, and the nation, but the rate in Page County is lower than the rate for counties in the region and comparable to the rate for the Commonwealth of Virginia. The Page County rates for cancer and diabetes are
substantially below both the regional rate and the statewide rate. Therefore the perception of excessively high mortality rates is unsubstantiated by the data. However, the concern from multiple focus groups opens the window for public health education and screening programs for these diseases since there appears to be heightened concern for these conditions. Moreover the relatively small and elderly population base in Page County means that residents dying of certain conditions are widely and intimately known. Each resident knows someone or several persons who have died of cancer or diabetes. This results in a heightened concern but is not supported by the statistical evidence.

Table 2: Age-Adjusted Disease Mortality Rates, 1995 - 1998

<table>
<thead>
<tr>
<th></th>
<th>Page County</th>
<th>Region</th>
<th>Virginia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Deaths / 100,000 Population</td>
<td>468.2</td>
<td>480.7</td>
<td>494.2</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>133.0</td>
<td>136.1</td>
<td>132.2</td>
</tr>
<tr>
<td>Cancer</td>
<td>111.1</td>
<td>130.7</td>
<td>130.0</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.8</td>
<td>9.8</td>
<td>12.0</td>
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</table>

What are the unmet health care needs of children of Page County?

When asked about the perceived health care needs specific to Page County children, the key community listeners observed several health care concerns. Half or more of the focus groups identified a shortage of pediatric medical providers in the county, a breakdown in the traditional family structure, and a shortage of organized childcare services as Primary Health Care Needs (see Table 3).

It should also be noted that focus group participants varied in their target for the population of children. Some groups addressed the health care needs of young children, often pre-school age. These were comments about pediatric specialty services and a shortage of childcare services. Other groups focused on the needs of school-aged children. These comments encircled greater after-school and summer activities for children and issues of unhealthy lifestyles.
Table 3: Perceived Health Care Needs of Page County Children

<table>
<thead>
<tr>
<th>Primary Health Care Needs</th>
<th>Secondary Health Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatric Specialists</td>
<td>Greater Activities for Children</td>
</tr>
<tr>
<td>Reduce Family Dysfunction</td>
<td>Unhealthy Lifestyle Habits</td>
</tr>
<tr>
<td>Organized Childcare Services</td>
<td>Greater School-Based Services</td>
</tr>
</tbody>
</table>

There is no pediatrician in practice in Page County and this was the most frequently specified health care need for children. There are an array of family practice physicians and several nurse practitioners that specialize in children. However for more specialized medical care needs, children must be taken outside of the county. As the nearest pediatric specialists are in Harrisonburg or Charlottesville, the distance to care causes access difficulties. This is particularly limiting for low-income residents who have additional insurance, finance, and transportation problems accessing care.

In addition, broad concern was noted of the stress on traditional family structures in Page County. This was seen as exacerbating health needs in many county children. Here focus group participants related multiple specific stories to highlight their concerns. A large number of children were believed to be in families with two working parents – often employed distant from home – with no organized after-school care. Such conditions caused reduced parental oversight, unsupervised children and (several groups believed) stressed families. A related need was also seen for improved parenting skills training.

Groups also noted a shortage of organized childcare services in the county. This was viewed as another important concern for families with working parents. “Children with working parents better have a grandma around or they are out of luck,” noted one participant. There are currently ten licensed childcare providers in Page County (with several more in the process of gaining licensure). According to personnel at The Childcare Connection (a referral source for parents with childcare needs), the number and quality of certified childcare centers and licensed centers has been on the increase in Page County. However the availability of childcare services does not always predict the utilization of those services. Availability is only one segment of the issue. Parents may choose
not to use organized or licensed childcare services due to location, family finances, transportation, or unwillingness to pay for services.

The Secondary Health Care Needs of children in Page County consisted of services or programs ancillary to direct health care needs among children. These included a need for greater organized activities for children, general unhealthy lifestyle habits of children, and the need for more school-based health care services.

One such health care need was the need for more organized activities for children, particularly after-school programs. Respondents highlighted needs for both school-based and community activities as well as addressing the need for more summer programs for children. Focus group participants saw this lack of organized activities as a harbinger of other health care problems of children, such as sedentary lifestyle, poor eating habits, and early tobacco use.

**What are the unmet health care needs of adolescents of Page County?**

When asked about the specific health care needs of adolescents in Page County, every focus group identified early adolescent sexual activity and high teen pregnancy rates as the biggest concern. This was the only issue, concerning adolescents, which ranked as a Primary Health Care Need (Table 4). Secondary Health Care Needs of county teenagers included insufficient activities for teens, a low rate of students pursuing post-secondary education or training and multiple family dysfunction issues. It should be noted that focus group participants almost uniformly saw these secondary health care needs as forerunners for the primary health concern of early sexual activity.

<table>
<thead>
<tr>
<th>Primary Health Care Needs</th>
<th>Secondary Health Care Needs</th>
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</thead>
<tbody>
<tr>
<td>Teen Pregnancy</td>
<td>Lack of Sufficient Activities</td>
</tr>
<tr>
<td></td>
<td>Low Post-Secondary Education / Training Rates</td>
</tr>
<tr>
<td></td>
<td>Family Dysfunction</td>
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</tbody>
</table>
Teen pregnancy rates in Page County are higher than both regional and state rates (Center for Health Statistics, 1995 - 1999). These higher rates remain consistent across all age groups but the rate for females 18 - 19 years old is 121% of state and regional rates. This concern for high teen pregnancy rates is compounded by the perception among focus group participants that many adolescent females in Page County exhibit relatively low self-esteem, which leads them to early sexual activity. Several noted that if a young woman becomes pregnant, it is viewed as “inevitable” or even positive in Page County. Several noted that females’ low self-esteem was encouraged by traditional family or community values.

As noted for younger children, focus groups also identified a lack of sufficient organized community or after-school activities for teens as a health care need. Activities are needed “to keep them occupied,” said one participant, and this was again seen as a precursor to the teen pregnancy issue as well as alcohol and substance abuse.

Greater than 44 percent of Page County high school graduates had no plans for post-high school education or training (Virginia Department of Education, 2002). This has Page County maintaining one of the lowest post-secondary rates for its high school graduates among counties and independent cities in Virginia. For the participants in the focus groups, this low post-secondary rate was seen as another antecedent for the health care concerns observed in teenagers.

Another parallel to the concerns raised for younger children in Page County, the work environment of many parents accentuated family dysfunction issues for adolescents. It was noted by health and human service administrators interviewed that approximately forty percent of the county workforce is employed beyond the county. Due to the extended hours need to commute to work; many teenagers are without after-school supervision. These ancillary family and community issues were all perceived by focus group participants to be important secondary factors in Page County adolescents’ lack of direction and focus.
What are the unmet health care needs of elders of Page County?

Elders (age 65 and older) constitute 15.7 percent of Page County residents according to the 2000 census. This is 4.5 percent higher than the Virginia rate. Elders are primary users of many health and social service programs and this higher percentage of elders in Page County highlights their major position in the user base for the community. When asked for unmet health care needs of Page County elders, focus group participants again noted a range of concerns. Of primary importance were the limited access to affordable pharmaceuticals, insufficient housing options for elders, and the concern that many elders had limited resources, which constrained their ability to purchase services (Table 5).

Table 5: Perceived Health Care Needs of Page County Elders

<table>
<thead>
<tr>
<th>Primary Health Care Needs</th>
<th>Secondary Health Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affordable Pharmaceuticals</td>
<td>Gerontology Specialist</td>
</tr>
<tr>
<td>Elder Housing Options</td>
<td>Poor Communication with Health Care Providers</td>
</tr>
<tr>
<td>Limited Resources of Elders</td>
<td>Home Health Care Services</td>
</tr>
<tr>
<td>Transportation</td>
<td>Respite Care</td>
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</table>

By far the most common health need identified for elders in Page County was the high cost and limited access to prescription medications by many county elders. This was uniformly noted by every focus group interviewed. Participants believed that elders were substantially burdened by their prescription medication costs. Many examples were given of county elders who had to select between other necessities, including food, and their purchase of prescription medications. Some elders were believed to choose not to fill their prescriptions or to stretch their prescriptions by extending the time between refills. The fact that this issue has gained national notoriety may have accentuated the concern in the focus group participants. Certainly regular media attention to this issue keeps it at the top of the public “needs list” for elders.

Another primary health care need noted for elders in Page County was appropriate housing options. Page County has one 120-bed skilled nursing
facility (Montvue Nursing Home) and three small assisted living facilities (Alcove Lane Assisted Living Center (ALC); Hawksbill ALC; and Whispering Pines ALC). Focus Group respondents, reflecting comments to them by county elders, saw the options for elder supportive housing as insufficient to the needs of the growing county elder population. In specific, elder housing options were bound by limitations in financing for any housing option and a need for more choices in elder housing within Page County.

The limited financial resources of many county elders were also listed directly or indirectly by a majority of the focus groups as a health need of this sub-population. Elders in Page County were seen as a population with inflexible income resources. This limited the population in many ways, but particularly in their ability to purchase needed health and social services.

Two health care services noted as particularly problematic for elders on limited incomes was dental care and transportation. Financial constraints felt by elders receiving Medicaid led to great difficulty in accessing dental services. Examples of low-income elders whose teeth were so bad that they could not eat properly were mentioned. Although listed under general health care needs for the county population, transportation was most frequently mentioned as an access need for the elderly population.

Secondary Health Care Needs, identified by focus groups for Page County elders, focused on more extensive services for this sub-population. Respondents believed elders were limited by the lack of gerontology specialists in the county, communication problems between some county elders and the medical community, decreasing access to home health care services, and the need for respite care services, especially to caregivers of elders with dementia.

There are no gerontologists practicing in Page County. Several of the focus groups raised this issue as an unmet health need in the county. Elders needing specialty care must travel 30 or more miles to Harrisonburg, Winchester or Charlottesville for such services. The increased number of family practice physicians in Page County was noted as an important improvement for Page County elders but several groups still felt the specialty medical care for elders was inadequate.
Another health care issue raised was the confusion in communication between some county elders and the organized health care community. This communication barrier was noted to apply in both directions. Some elders did not understand the information or instructions given to them by the health care providers and some health care providers had difficulty understanding some elders. These difficulties were caused by strong accents by some elders and some medical providers, differing cultural beliefs, and traditional differences in status between the patient (the elder) and the medical provider (nurse or doctor). These communication problems caused elders to not ask necessary questions of their medical practitioners or else to misunderstand the medical instructions and treatment plans. Both types of barriers lead to inaccurate transmission of health care information and the potential for inadequate care or follow-through.

When the second segment of the Comprehensive Needs Assessment was completed in March of 2001, Page County was served by two local home health agencies as well as several based in Harrisonburg and Front Royal. Focus group participants, however, noted that elders were being served less by home health agencies and this was decreasing their access to adequate care. The decrease in available home health services for county elders was noted as causing direct health care problems for elders. A change in Medicare and private insurance reimbursement for home health services has caused some providers to retract their services from rural localities such as Page County.

The other unmet health care need for Page County elders noted by community stakeholders was the need for respite care for the caregivers of residents with disabilities, dementia, or Alzheimer’s disease. It was directly stated that many of the caregivers for such homebound residents were elders themselves. There are no adult daycare or organized “home visitor” programs in Page County. The need for adequate support services for the caregivers of homebound elders was believed to benefit the disabled resident as well as the caregiver.

**What are the unmet health care needs of adult women of Page County?**

Adult women were the fourth subgroup targeted in the focus group interviews. Adult women in Page County were seen as part of the general user population and therefore well served by the health and social service system. However focus groups did note several areas of community concern. The Primary Health
Care Need of adult women in Page County was the lack of obstetric / gynecological services in the county (Table 6). Secondary Health Care Needs for Page County’s adult women included issues of domestic violence and abuse, the lack of fitness activities for women to remain healthy and a lack of sufficient adult education and training options. Also noted was the need for more female health care providers.

Table 6: Perceived Health Care Needs of Page County Adult Women

<table>
<thead>
<tr>
<th>Primary Health Care Needs</th>
<th>Secondary Health Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of OB / GYN Provider</td>
<td>Domestic Violence</td>
</tr>
<tr>
<td></td>
<td>Health &amp; Wellness Activities</td>
</tr>
<tr>
<td></td>
<td>Adult Education &amp; Training</td>
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<tr>
<td></td>
<td>More Female Medical Providers</td>
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There have been no obstetric services in Page County for many years and women must leave the county for most prenatal, delivery, and post-natal care. Page Memorial Hospital does not provide delivery services and no physicians in the county provide complete pre-natal or post-natal care. Several of the community participants noted that Dr. Aamodt, an obstetrician from Shenandoah Women’s Clinic in Harrisonburg, now provides obstetric care one-half day a week in Luray.

Particularly for single mothers and women experiencing domestic violence, more support services were noted. This involved the concern of multiple agency representatives wanting better ways to reach women who needed services rather than the establishment of new or additional services. “The services are here, but reaching women who need them has been the problem,” related one agency employee.

The need for more health and fitness activities in the community was also noted as a health need of this group. As with other sub-populations, obesity and unhealthy lifestyles were believed to be major contributors to the health problems experienced by women. Focus group participants believed the lack of fitness and exercise centers exacerbated these problems. The availability of such centers
would assist women to remain healthy. One participant noted however that having the wellness centers did not guarantee that women would utilize them.

Parallel to the post-secondary education needs identified for Page County adolescents, several focus groups noted that women in the community would benefit from more employment and training options. Unemployment in Page County remains a long-term economic development concern and adult women were viewed as an especially vulnerable group for unemployment. Participants seemed concerned that the training and employment options for women, especially low-skilled residents, were limited.

Multiple respondents commented on the positive increase in female health care providers in Page County. There are currently one female physician and three female nurse practitioners in practice in the county. This was viewed as an important improvement in the health care system although some believed that still more female providers would be beneficial to county women seeking care. Female providers were perceived to improve the acceptability of many females concerning women’s health issues.

**How do you think these health care needs could be resolved?**

Focus group participants were also asked for solutions to the identified health needs noted above. The availability of more services was the most frequent category of response. Structural renovation of the exiting health insurance system was also noted. Several groups saw the uninsured population in Page County as feeding many of the perceived health care needs as well as limiting residents’ access to the services that were available.

Nonetheless, two mechanisms to address health care needs were repeatedly put forward for this question. Focus group participants believed that more widely available “sliding-fee scales” would enhance health care access. Moreover they noted the value of a “free clinic” to fill gaps in services.

Health care providers in many other Virginia communities have “sliding-fee scales” to assist low-income or uninsured clients with payment for services. However in Page County none of the major health care providers currently has such a sliding-fee scale. This was seen by the key community listeners interviewed as a potential benefit to improve access to available services in the county. It was noted that many of the unmet
health care needs identified focused on uninsured, low-income, and Medicaid residents, and a sliding scale would particularly target these groups.

The other repeated solution offered was the development and implementation of a Free Clinic. This is a model also used in other Virginia communities to support the limited access to health care services of low-income populations. Virginia has more free clinics than any other state (currently 37) and a statewide association of free clinics. Free Clinics are established with firm service areas. Page County is located in the service region with St. Lukes’ Free Clinic in Front Royal. Low-income uninsured residents must travel from Luray to Front Royal to access the Free Clinic. It should be noted that Shenandoah County opens a new free clinic in Woodstock in June 2002. Its impact on Page County’s uninsured residents will have to be watched.

**Are there any groups of Page County residents who have difficulty accessing health care resources when they need them?**

When asked to specifically identify sub-groups of Page County residents who might be obstructed from the existing health care system in the county, the focus group respondents were initially reticent to designate specific groups. “Most people can get the services they need,” was a common response in several focus groups.

However when pressed, focus group participants suggested that uninsured residents and low-income elders certainly experienced limited access to the health care system. Also noted, but by fewer focus groups, were Hispanics, African Americans, and some residents with disabilities. One participant noted, “we need medical interpretation services here” for the growing Spanish-speaking population.

**Where do (these groups) go for help with their health care problems?**

The main concern of focus group participants addressing the vulnerable populations was that the health care they received was episodic and often discontinuous. These groups frequently did not often have a regular provider and sought services only when absolutely necessary and then they located services in a variety of locations. Most of the community listeners interviewed listed the emergency departments at Page Memorial Hospital, Rockingham Memorial Hospital and the University of Virginia Medical Center as key health care providers for these groups. It was clearly noted, however, that such emergency care for primary and chronic care management was both expensive and discontinuous.
Others noted that they knew of uninsured low-income patients or families that “jumped around” to various providers in the community until they built up unpaid bills and they were refused services. “When families get in these ruts,” noted one respondent, “they are not cared for well and they may be between doctors when a serious condition arises.”

Some of the vulnerable populations utilize the Page County Health Department for services. However the Health Department provides few on-going primary care services due to budget constraints. Unless the family is seeking family planning, cancer screening, or immunizations, the health department staff can only refer them to another community provider. Still other families were described as relying on home remedies to address health care needs. These examples were noted by only a few of the focus groups and were usually focused on families with limited resources who used the remedies to put-off more expensive medical or pharmaceutical treatments.

More commonly, families who had limited resources were perceived to be non-compliant with medical advice or needed services. Referrals or follow-up appointments were intentionally missed or else treatment plans were not followed. This was especially noted when dealing with expensive pharmaceuticals. As listed under the health care needs of elders above, families constrained by finances were believed to skip prescribed medications or else to stretch the medications over a longer period of time. Both these methods were ways to save the costs of prescription medications or refills.
**Conclusions**

The Page County Comprehensive Health Needs Assessment is a multi-level evaluation of the health care resources and needs of the residents of this rural community in northwestern Virginia. The review of multiple viewpoints of community health care needs helps counter one-sided perspectives of statistics, professional opinions or public belief. In dealing with health and health needs, survey respondents tend toward personal selectivity naming health needs that they experience or feel for themselves. Broadening the aperture of focus increases the applicability of the study for the broader community.

This portion of the Page County Health Needs Assessment draws on the perspective of key community listeners who are associated with the delivery of health and social services in Page County. Representatives from health and social service agencies work regularly with residents with targeted needs. These representatives, therefore, are well situated to note unmet health care needs of county residents.

The Key Community Listener Interviews entailed eight focus groups of community agency representatives and direct consumers. The purpose was to elicit from key community stakeholders perceptions of the unmet health care needs of the community. On-going review of community needs by such key community listeners allows community monitoring of agency program effectiveness and changing community needs.

Key community listeners put almost equivalent weight to the statements “Page County is a very healthy place to live” and “Page County is a very unhealthy place to live.” This seeming contradiction was based on differential definitions of “healthy” and the direct service aspect of many of the focus group participants. These participants were asked for their perceptions of the unmet health care needs of Page County residents and of four potential at-risk subpopulations: children, adolescents, elders, and adult women.

The unmet health care needs identified divided into two broad themes: increasing availability and access to health care and supportive services for all Page County residents, and modifying unhealthy behaviors of Page County residents that lead to poor health outcomes. The theme of greater availability and access to services can be further divided into the availability of primary health care services, access to specialty health services, and the availability of support services that directly augment residents’ access to existing health care services (See Table 7).
Increasing the availability of primary health care services to residents of Page County was noted by all eight focus groups. Some perceived a lack of necessary services or an inadequate supply for specific sub-populations, but all groups identified major primary health care services that were lacking in the county. An inadequate supply of primary dental services was highlighted, especially for residents who were uninsured, were of low socio-economic status, or were Medicaid beneficiaries. The high cost of prescription medications was another major concern across population sub-groups. Elders were seen to have special limitations obtaining pharmaceuticals due to inadequate insurance.
coverage. However the high cost and limited access to prescription medications was also viewed as an access restriction for non-elder residents who were either uninsured or have modest to low income.

Elders specifically were also constrained by the decreasing supply of home health providers in the community. This was believed to restrict access to a needed service. In addition, the focus group respondents noted benefit in further increasing the number of female health care practitioners in the county. This was viewed as directly improving access to health care for women in the county. Improving communication between some county health care providers and some residents (especially elders) was also highlighted as an access issue since respondents saw unnecessary confusion and non-compliance resulting from the misunderstandings. Communication problems were viewed as occurring in both directions: with some health care providers not being understood by residents and the health needs and medical problems of some residents not being accurately communicated to the providers.

The focus groups also identified a series of specialty health care services that were either wholly lacking in Page County or in insufficient supply. In almost all cases, these specialty services were seen as a significant health care need for one of the sub-populations assayed. The one specialty healthy care service across populations was the perceived insufficient supply of mental health services. Residents with fundamental and specialized mental health heeds were believed to need to be treated beyond the county borders. More importantly, the stakeholders interviewed believed that many mental health needs of citizens were being treated on an acute emergent basis in the emergency department rather than more expediently and effectively in the community.

Specific specialty services and providers were noted regularly for the potential at-risk populations addressed in the focus group interviews. These included the perceived need for pediatric specialists in Page County for children’s unmet health needs. There was also a lack of obstetric / gynecological services for women in the county and agencies addressing services for elders believed strongly that a lack of gerontologists in the community limited needed services for elders.

There were also a number of support services noted by the focus groups as being complimentary services for the health of county residents. While they were non-medical services, the respondents clearly viewed them as affecting health care access. These
were issues or services that if available in adequate quantity, would positively augment the health of county residents.

Transportation services were viewed as the most significant support service that affected the accessibility of many county residents to existing services. The lack of organized transport for residents, especially those with limited resources or rural residence, to medical and social service offices significantly constrained access for citizens. This was also seen as a major frustration of many health care providers in the focus groups who highlighted the problems with clients or patients not arriving for appointments or treatment plans.

Another support service that was less precise but frequently mentioned was the need for more support-services for families. The specifics here ranged widely from more parenting skills training, after-school activities for children and teens, to support-groups for single parents. Focus group respondents believed that the strong extended family orientation traditional in rural communities like Page was fragmenting and this was causing direct and indirect health care needs of residents. There was no consensus of the causes of the family fragmentation but focus groups saw the breakdown in traditional family and cultural values, families where both parents were employed distant from home, and the increasing number of single-parent families as reasons for the collapse.

For many elders and some disabled residents, an insufficient supply of appropriate and affordable housing options was an issue that constrained elders’ choices and indirectly their well-being. There is only one nursing home and three assisted living centers in the county and this was believed to be inadequate for the growing elder population in Page County. More importantly, the limited resource base of many county elders reflected that the financial cost of alternative housing for elders, both inside and beyond the county lines, was the underlying issue when the stakeholders identified housing options as a limiting factor for elders.

Also noted was the need for more adult education and training opportunities. This was seen directly to improve employment options for adults and adolescents and indirectly to improve insurance status and health outcomes. For adolescents, the lack of post-secondary opportunities and training programs was seen as a precursor for limited employment choices and resultant poor health outcomes. For the adult women sub-population, training activities were also seen as a means to better employment with resultant improvements in health status.
The other support service repeatedly noted was targeted at elders and their caregivers. This was the need for more respite services. Family members or spouses, many of whom are elders themselves, are the primary caregivers for homebound elders. The need for respite services to allow the caregiver as well as the elder to access services outside their home was believed to be an important and unmet need. This was underlined for caregivers of elders with dementia, including Alzheimer’s disease.

The second broad theme identified by the eight focus groups was the need to modify unhealthy behaviors in Page County residents that lead to poor health outcomes. These responses varied widely including additional services or programs that might be developed to direct challenges to county residents to change unhealthy behaviors. The key unhealthy behaviors that focus groups mentioned that needed behavior modification included obesity, unhealthy eating habits, sedentary lifestyle, early sexual activity (for teens), domestic violence, and preventable accident training.

To address these lifestyle choices, the respondents frequently listed structural modifications to the community that would support beneficial changes in residents’ lifestyles. Noted repeatedly were the need for more wellness programs, fitness centers, and after-school and summer activities for both children and adolescents. More programs in healthy diets, weight-loss programs, and reducing sedentary lifestyles were also noted. Some focus group respondents, however, were less optimistic about such lifestyle education programs because it was believed that making the programs available did not guarantee that the residents who needed the programs would utilize them.

The second most frequently noted health care need for any Page County sub-population was the need to reduce early sexual activity (and teen pregnancy rates) among county adolescents. This was viewed as an unhealthy behavior that needed alteration rather than a new health care service that needed to be available. Early sexual activity and resultant high teen pregnancy rates were a major concern of the focus group stakeholders. Some of the lifestyle issues noted above, including inadequate activities for adolescents, were viewed as forerunners for early sexual activity. This was seen as a marked barrier to many teens’ success and post-high school career development, but also tied to poor health outcomes in this age group. Early sexual activity was also perceived to have ties with some traditional family and cultural values.

Domestic violence was seen as another behavior needing focused attention. While domestic violence is a clear negative behavior, the focus groups that noted domestic
violence as an unmet health care need usually tied it to the need for better programs to identify and locate abused women. It was believed that there were sufficient programs to address victims of domestic abuse, but that the identification and access to this population was insufficient.

The last unhealthy behavior that focus groups targeted was the need for more public safety programs addressing preventable accidents. As a rural county, respondents focused on programs addressing seatbelt use, automobile, bike and All-Terrain Vehicle safety, and farming accident prevention efforts.
References


Appendix A
Focus Group Participants

The following groups were interviewed as part of the Page County Comprehensive Needs Assessment between March and October 2001.

+ Page County Coalition for Health
+ Page County Health Department (Nursing Staff)
+ Page County Ministerial Association
+ Page County Rotary Club
+ Page County Senior Alliance
+ Page Memorial Hospital Medical Staff
+ Page Memorial Hospital Non-Medical Staff
+ The Health Place Partnership Council
Appendix B
Focus Group Questions

1. Is Page County a healthy place to live and work? Why or why not?

2. What would make Page County a healthier place?

3. What are the unmet health care needs of residents of Page County? (List)
   - For Children?
   - For Adolescents?
   - For Elders?
   - For Adult Women?

4. How do you think these health care needs (Use Same Words as List) could be addressed?

5. Does your organization/agency address any of these health care needs?

6. Are there groups of Page County residents who have difficulty accessing health care resources when they need them?
   - (If Yes) – Who are these groups?

7. Where do (Groups Named) go for help when they have health care problems?

8. How do other community organizations support or address health care in Page County?
   - Education Groups (including schools)
   - Political Groups (including County Commission and Town Councils)
   - Industry